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(Depositor's name) (Signa (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/075.373	02/15/2002	Donald A. Soboleski	1999-012-02US	4280

TITLE OF INVENTION: METHOD AND DEVICE FOR TREATING SCOLIOSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	01/09/2008
EXAMINER ART UNIT		CLASS-SUBCLASS	12/18/2807 SZEWDIE2 00000035 170110 10075373			
RAMANA, ANURADHA 3733		3733	606-061000	91 FC:2591	720.00 DA	/
"Fee Address" ind PTO/SB/47; Rev 03-4 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNEE	pondence address (or Cha B/122) attached. lication (or "Fee Address D2 or more recent) attach ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Comp GNEE	Indication form led. Use of a Customer A TO BE PRINTED ON fifted below, no assignee eletion of this form is NO	or agents OR, alternative (2) the name of a single registered attomey or a 2 registered patient atto listed, no name will be THE PATENT (print or type data will appear on the part of the	atent frongpage (1919) 3 registered patent attorn vely, e firm (having as a membring and the names of unneys or agents. If no name printed. ELECTION atent. If an assignee is it assignment. and STATE OR COUNT Ontario	Caroly per a p to to the is 3 VI (1990) dentified below, the document of the contract of the c	
4a. The following fee(s) 13 Issue Fee 13 Publication Fee (N 14 Advance Order - 1	lo small entity discount p		p. Payment of Fec(s): (Plea A check is enclosed. Payment by credit car The Director is hereby overpayment, to Depo	d. Form PTO-2038 is atta	ached,	
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Authorized Signature	Stephen	J. Scribne	r	Date 4	Dac 2007 44,452	

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